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CARES COMMISSION HEARING 9-26-03 BETTY ELINOFF
REPRESENTING THE WOMEN MARINES ASSOCIATION

FIRST, I WOULD LIKE TO THANK ~~THE~~ OUR REPRESENTATIVES
IN THE NEVADA CONGRESSIONAL DELEGATION WHO WORKED
SO HARD GETTING US THIS FAR, ^{OF} ON BEHALF ~~OF~~ THE ~~NEVADA~~
~~WOMEN~~ VETERANS IN THIS STATE. I APPLAUD THEM IN THEIR
EFFORTS. I ALSO WISH TO THANK THIS COMMITTEE ~~FOR~~
FOR ALLOWING ME TO SPEAK THIS MORNING.

MY SOLE PURPOSE TODAY, IS TO URGE YOU, ~~TO~~ URGE THIS
COMMITTEE, TO IMPORE CONGRESS TO APPROVE
MONIES - NOW - FOR ^{This} ~~A~~ PROPOSED SOUTHERN NEVADA
VETERANS HOSPITAL, NURSING HOME, AND A HEALTHCARE
center, A center
~~CENTER~~ SO DESPERATELY NEEDED HERE IN SOUTHERN
NEVADA

we ask you TO ASK CONGRESS FOR MONEY ^{now} INDEPENDENT OF
FACILITY CLOSURES THROUGH OUT THE COUNTRY. BUT
INDEPENDENTLY FUNDED *to begin this projec*
WITH YOUR HELP, ACTION CAN BE TAKEN NOW.
WE TURN TO YOU, TO THIS HEARING COMMITTEE TO
TAKE THIS MESSAGE BACK TO CONGRESS..

1.

I KNOW THIS COMMISSION HAS DONE ITS HOMEWORK.

YOU CAN SEE FIRST HAND AS WE DO, THE NEED.

THE NEED TO IMPLEMENT PLANS SOON.

OUR VETERANS POPULATION IN SOUTHERN NEVADA IS
EXPLODING.

I'M NOT SURE HOW THIS WORKS, DO YOU SEND ME TO
PRESENT THIS TO CONGRESS? OR DO I PICK OUT
A FEW OF YOU WHO LOOK LIKE YOU WOULD BE
SYMPATHETIC TO OUR CAUSE, AND LEAVE THE REST OF YOU
OUT?

THE IMPORTANT THING IS THAT CONGRESS GETS THE
MESSAGE. AND YOU GET US THE FUNDING.

WHO KNEW VETERANS FROM ALL OVER THE COUNTRY
WOULD COME AND MAKE SOUTHERN NEVADA THEIR
RETIREMENT HOME.

WE KNOW IT NOW, AND THEY CONTINUE TO COME.

WE WATCHED IN DISBELIEF AS WE VACATED THE
COVETED ADELIAH GUY VA FACILITY ON MARTIN LUTHER
KING AND VEGAS DRIVES

FRUSTRATION AND DISAPPOINTMENT SET IN.

THOSE OF US THAT HAVE BEEN HERE FOR 20-30-AND EVEN 40
YEARS LOOK BACK, AND WISHED WE COULD DO IT ALL OVER

AGAIN. WE CAN WITH YOUR HELP. WE CAN SPARE THOSE
VETERNS WHO ARE PROJECTED TO MAKE LAS VEGAS THEIR
HOME IN THE NEAR FUTURE. WE CAN SPARE THEM THE SAME

FRUSTRATIONS WE WENT THROUGH.

BUT, WE NEED YOUR HELP.

THE DISFUNCTIONAL POSITION OUR SOUTHERN NEVADA

VETERANS ARE PLACED IN AT THE PRESENT TIME IS

UNFORTUNATE.

SEEKING HEALTH CARE FROM EIGHT TO TEN FACILITIES

IS BURDENSOME, FRUSTRATING AND STRESSFULL

FOR OUR VETERANS.

THESE CAUSE ADDITIONAL HEALTH PROBLEMS. *For them,*

ESPECIALLY THOSE VETERANS IN THE OLDER POPULATION.

STRESSFULL VETERANS WONDERING,WHAT WILL
HAPPEN TO ME.?

YES THEY ARE CONCERNED. THEY KNOW THEIR
YEARS ARE NUMBERED. SOME ONLY MATTER OF MONTHS.

OUR WW II, KOREAN VETERANS, AND ~~OUR~~ VIET NAM
VETERANS ~~WILL BE A PART OF THE PAST.~~
REVERED, OF COURSE, AS ALL VETERANS BEFORE THEM.
LETS NOT SAY, "I WISHED WE COULD HAVE HELPED THEM
RECEIVE BETTER HEALTHCARE FACILITIES,"
WE CAN. WE CAN BY BEING SURE THAT ALL VETERANS
MEN AND WOMEN WHO LIVE IN THIS STATE,
AND YET TO TAKE UP
RESIDENCE, HAVE THE PRIVILEGE OF A
HOSPITAL, NURSING HOME AND CLINIC
FOR THEIR HEALTHCARE SERVICES.

PATIENCE IS NOT A VIRTUE IN THE OLDER GROUP THEY
QUICKLY GET THE IDEA THAT THEY HAVE BEEN "SOLD OUT".

MOST ARE NOT AWARE OF THE BUREAUCRACY IN OUR
GOVERNMENT. IF THEY DO, THEY DON'T UNDERSTAND IT,
NOR DO THEY HAVE THE PATIENCE FOR IT.

THEY DON'T UNDERSTAND, WHEN THEY SEE LAND
IN THE INNER CIRCLE OF THEIR CITY BEING USED.
CONSTRUCTION CREWS GRADE AND LEVEL PROPERTY

OVERNIGHT. NEW HOTELS AND CASINOS POP UP AND ARE
COMPLETED IN RECORD TIME, READY FOR OCCUPANCY.
THEY DRIVE THE ~~STREETS~~^{Streets} BACK AND FORTH FOR THEIR
FOLLOWUP APPOINTMENTS AND SEE THIS GROWTH! AND
THEY ASK, WHERE IS MY VA HEALTHCARE FACILITY? WHY
CAN'T THEY BUILD US ONE WHEN I NEED IT?

ARE THEY GOING TO WAIT UNTIL I'M DEAD BEFORE
A VA Health center comes here to
~~THEY ARE GOING TO WAIT UNTIL I'M DEAD BEFORE~~ VETERANS IN SOUTHERN NEVADA.?

THIS IS NOT WHAT WE WANT TO HEAR FROM THEM.
YES, WE HAVE HAD THE MISFORTUNE OF BEING DISPLACED
TO VARIOUS FACILITIES SURROUNDING OUR
CITY FOR THEIR HEALTHCARE NEEDS. NOT DUE TO SOME
THING THEY HAVE DONE, BUT RATHER, AN UNFORESEEN
PROBLEM NONE OF US ARE RESPONSIBLE FOR.
WE CAN RIDE IT OUT, ~~BUT~~ SHOW US A LIGHT AT
THE END OF THIS TUNNEL. OUR ANXIETIES ARE HIGH
AND OUR PATIENCE ARE WARING THIN.
SURVEYS SHOW THE NEED IS HERE NOW, AS WELL AS
THE VERY NEAR FUTURE.

SOUTHERN NEVADA VETERANS CANNOT AFFORD TO WAIT 10
TO 20 YEARS. MORE VETERANS ARE COMING. KNOW IT, AND
LETS DEAL WITH IT NOW.

THE WOMENS CLINIC AREA IS PRESENTLY ACCOMODATING
2,000 PLUS FEMALE VETERANS. WITH ² 6.6 PER CENT OF THE
VETERANS POPULATION.

THOSE NUMBERS ARE CLIMBING WITH A PROJECTION OF
A 14 PER CENT GROWTH BY 2010
MORE WOMEN VETERANS ARE FINDING OUT THEY HAVE THE
SAME RIGHTS & PRIVILEGES AS THEIR MALE COUNTERPARTS

IN OUR VETERAN CENTERS ~~AND CLINICS~~.

THE GROWTH OF WOMEN VETERAN ORGANIZATIONS
AROUND THE STATE IS GROWING STRONG. ^{OR}

~~many~~, ~~many~~ ~~groups~~ ~~are~~ ~~growing~~.

THE W V O N

WOMEN VETERANS OF NEVADA WHO

WELCOME NEW MEMBERS MONTHLY.

AS WELL AS THE ~~OTHER INDIVIDUAL WOMEN VETERAN~~

~~GROUPS~~ THE NAVY GEMS, WOMEN MARINE

^{And}
ASSOCIATION, THE WOMENS ARMY

CORPS. ^{They inc} ~~these~~ ~~are~~ SPREADING THE WORD.

~~THE OPENING NATION WIDE OF WOMEN VETERAN CLINIC~~

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~~at all times of their veterans health services~~
~~in 1993, assured women veterans the privacy of~~
~~their own examination areas. has been slow in~~
~~catching on. now they are getting the word.~~

WE ARE STILL REACHING WOMEN VETERANS WHO NEVER
KNEW ABOUT THEIR PRIVILEGE IN THE DOMINATED
MALE VETERAN FACILITIES.

WE STAFF A FULL TIME DOCTOR, FAMILY NURSE
PRACTITIONER LPN, AND A GYNECOLOGICAL DOCTOR FOR
FEMALE NEEDS. AND HAVE OUR OWN MAMOGRAPHY
TECHNICIAN.

ALL OF THESE HEALTHCARE PROGRAMS CARE FOR, AND
PROTECT FUTURE PROBLEMS FOR ALL OUR WOMEN VETERANS

THE PROJECTION OF THE GROWTH HERE IN SOUTHERN NEVADA
IS UNDENIABLE AND SHOW WE CANNOT DENY THE CALL FOR
THESE PROJECTED FACILITIES. now

GROWTH IN THE NEXT FEW YEARS WILL FAR EXCEED WHAT
WE HAVE NOW. SHOW CONGRESS THE NUMBERS, DON'T

WAIT UNTIL WE HAVE MADE A MOCKERY OF
OUR LAS VEGAS VETERANS . VETERANS WHO WILL BE DENIED
CARE BECAUSE OF LACK SPACE AND SERVICES.

WE PROMISED OUR LAS VEGAS VETERANS WHEN WE VACATED
THE ADELAIRE GUY AMBULATORY CLINIC THAT WE WOULD
BE ABLE TO CHANGE OUR PREDICAMENT WITHIN 3 YEARS.
WE SHUFFLED THEM AROUND TO TEMPORARY HOUSING, ARE
YOU GOING TO MAKE US GO BACK ON OUR WORD?

OR, SHOULD WE WAIT UNTIL THE VETERANS ADMINISTRATION
HEALTH CARE PROGRAM BECOMES A NATIONAL HEADLINE ;
AND I QUOTE;

“GROWTH EXCEEDS VETERAN CARE FOR LAS VEGAS.” “MEN
AND WOMEN VETERANS OF LAS VEGAS ARE TURNED AWAY.”

“AND THEY WERE FOR WARNED”

THE SOUTHERN NEVADA MEN AND WOMEN VETERANS
DESERVE MORE. DON'T YOU AGREE? IF YOU SAID YES, AND
I'M SURE YOU DID. NOW ^{it} IS A MATER OF URGENCY.
is the time

I HOPE WE HAVE ACCOMPLISHED AT THIS HEARING TO HONOR

THE SERVICE AND SACRIFICE OF OUR VETERANS.
I THANK YOU, ON BEHALF
OF ALL THE VETERANS OF SOUTHERN NEVADA.

My name is John Lind. I am here today representing the *American Heroes Foundation*, and many veteran service organizations that are the beneficiaries of our *Foundation*.

Americans want to keep our country's promise to the hundreds of thousands of military veterans who have served this country in war and peace since the beginning of our national history.

One of those promises is that of medical care, should care be required any time after honorable discharge from the armed services.

Although the promise is made sincerely and honorably, the fact is that many veterans do not live close enough to a VA medical center, to avail themselves of medical treatment.

Various veteran service organizations - like the DAV - have implemented transportation programs to overcome the distance problem, but the mere existence of a *ride* does not guarantee that the veteran is up to the challenge of driving long distances to seek medical help.

You are already aware of the current statistics on the aging WWII and Korean Veterans. Next we have the Baby Boomers and Vietnam War era veterans - looming like a giant tidal wave - who will seek and deserve VA medical services. But existing VA facilities are already at an over-capacity status. A case in point is that the Kingman, Arizona clinic has an additional Physician's Assistant and is already severely backlogged. So, an outpatient clinic just 40 miles away is closed to *hundreds* of Laughlin area veterans.

The need for Veteran's healthcare in this area has never been greater. In fact, the 2000 U.S. Census shows that Nevada has the highest percentage of veterans in the adult population of any state; and the Laughlin area, in particular, is one of the fastest growing communities in the nation. This problem isn't going away.

Even as we speak, vans are traveling back and forth between Laughlin and Las Vegas, transporting ailing veterans to medical appointments. Vans are scheduled five days a week, Monday through Friday to accommodate the volume of need.

The vans are purchased by dedicated nonprofit organizations, like the *American Heroes Foundation* - of which I am vice-chairman - and driven by equally dedicated volunteers from our local chapter of the Disabled American Veterans. Depending on the availability of drivers, we often send two vans on the 200 mile round trip to and from Las Vegas.

It's a long, long day for our volunteers; but our older veterans - especially - feel the effects of the long drive.

And that's not the worst of it. Because the main Las Vegas clinic has been shut down, Laughlin area veterans are taken to Las Vegas *and then put on another shuttle* so that they can get treatment at the North Clinic, or one of the many private medical offices throughout the city that are providing services until the main clinic is on line again.

Sometimes notification of appointments is made at the very last minute, and scheduling space on a Las Vegas-bound van is

impossible.

If our passengers weren't extremely ill to begin with, they could certainly be sick and very, very tired, upon their return to Laughlin. No wonder many of our deserving veterans do not seek medical attention. They simply cannot tolerate the rigors of accessing VA medical care.

Sometimes the veteran just needs a prescription. They can wait up to 5 ½ months for an appointment to get routine medications - and then they have to travel to Las Vegas to see a physician and get the prescription.

These are just a few reasons why we need a VA out-patient clinic in Laughlin. Let's take care of these folks close to home. We need to keep the *spirit* of our promise of medical care. Merely dangling the carrot of available help 100 miles away is not keeping the spirit of our promise to military veterans.

The VA in Las Vegas tells us that there are 800 to a thousand veterans who must make the trip from Laughlin to Las Vegas on a regular basis. VA projections, Census figures and common sense tell us that these numbers will only get bigger, as Laughlin - and Nevada - continue to grow. More importantly, there are many *more* veterans who will use an outpatient clinic if it is available closer to home. Again, let us focus on the *spirit* of our promise to all veterans.

For check-ups, simple lab tests and other routine treatment, doesn't it make sense to have an outpatient clinic located in Laughlin, to administer the *spirit* of our promise to veterans . . .

medical care if and when they need it?

We are seeking a fair, long-term, *productive* solution to the problem of providing medical services to veterans in the Laughlin service area.

The community has demonstrated its commitment to this effort through donations of vans, equipment, hundreds of volunteer hours, research and communications with our elected officials and the managers of our Southern Nevada VA programs.

We have proven ourselves to be keepers of the promise to provide medical care for America's military veterans. We ask your support in recommending and endorsing an outpatient clinic for Laughlin, Nevada. It's time to take our aging veterans off the road and into the care and comfort of a local VA clinic.

Good morning Mr. Chairman and members of the Commission.

I'm Vana Baker with the Disabled American Veterans.

On behalf of the local members of the Disabled American Veterans in VISN 22, I am pleased to have the opportunity to present testimony and discuss the proposed Market Plans for the local area in VISN 22.

Since it's founding more than 80 years ago, the DAV has been dedicated to a single purpose: building better lives for America's disabled veterans and their families. Preservation of the integrity of the Department of Veterans Affairs health care system is of the utmost importance to the DAV and our members.

Nationally, DAV firmly believes that realignment of capital assets is critical to the long-term health and viability of the entire VA system. Throughout the CARES process, we have continually emphasized that all specialized disability programs and services for spinal cord injury, mental health, prosthetics, and blind rehabilitation should be maintained at current levels as required by law. Additionally, we will remain vigilant and press VA to focus on the most important element in the CARES process, enhancement of services and timely delivery of high quality health care to our nation's sick and disabled veterans.

As an organization dedicated to the welfare of our Nation's disabled veterans, DAV is particularly concerned about whether or not Southern Nevada (Las Vegas) will get the proposed VA hospital to include the Nursing Home and the Veteran Benefits office located in one area. Currently in Southern Nevada, there is a population of 240,000. The VA has approximately 63,000 veterans enrolled, which represents 26% of the market place. By the year 2022, there is projected to be a 103% increase over present figures. Outpatient needs will increase by 50%.

Outpatient Specialty needs will increase by 108%. Increasingly, the VA is getting more women Veterans within the childbearing years. There are currently 901 unique female veterans in the 18 to 44 year age group. Our women's clinic consists of 2 providers, Denise Bartlett (who is a nurse practitioner) and Dr. Chong (who is in Family Practices). The local DAV would like to see a provider that has expertise in Obstetrics or Gynecology. The two providers we have currently are excellent. In addition, the VA has a social worker, Virginia Hines, who treats women for sexual trauma. There is no assigned person who treats male veterans for sexual trauma. The local DAV Chapters and Auxiliaries would like to see a special clinic devoted to these issues.

The local DAV chapters and Auxiliaries are also concerned with the travel time that is necessary to send a veteran to California for specialty clinics. We would like to see these clinics established here in Southern Nevada. In fiscal year 2003, this VA has sent 57 inpatient veterans to other VA's. These include Cardiology, Oncology, Rehab, CT Surgery, Neurosurgery, Internal Medicine, Ortho, Rheumatology, and Urology. These veterans for inpatient have been sent to West Los Angeles, San Diego, Long Beach, and Loma Linda. There have been many more outpatient referrals. The veterans sent have been from Ortho, Cardiology, Neurosurgery, Radiation, PET scan, Pain Clinic, Brachytherapy, CT Surgery, Ophthalmology, Neurology, Neuropsych, Plastic Surgery, Urology, and Rehab to name just a few. The majority of these referrals have been sent to West Los Angeles, San Diego, Loma Linda, Long Beach, and to Seattle.

The local DAV Chapters and Auxiliaries are proud of the VA's efforts in reducing the wait time for clinic appointments. The following clinics have reduced their wait times to under 30 days: Audiology, Cardiology, GI, Primary Care, Eye, Orthopedics, Podiatry, and Urology. These clinics had anywhere from 120 days

to 40 days wait time in fiscal year 2000 and the same time frame in fiscal 2001 and 2002.

And last, but not least, according to a memorandum put out by Mr. Hempel on August 8, 2003, there is no office space for Department Service Officers, only for VA Regional Office Staff and National Veteran Service Officers. This would hurt the disabled veteran who needs assistance in filing his claim for compensation. I have worked in the Department Service Office since April 2002. From April 2002 to July 2003, I have assisted a total of 6136 visits and phone calls from disabled veterans. I have completed a total of 4238 forms for disabled veterans. Las Vegas has gotten a new DAV National Service Officer who arrived on July 28th, 2003. Since National Service officers attend hearing and do many other things, there is no way one National Service Officer can do what is required of him and what I do as well. I am a certified Department Service Officer for the DAV and feel that people like myself should have space in the new Veterans Building so that I can assist veterans in need as well. This would facilitate the timely filing of claims so disabled veterans could insure that money would be available to meet their basic needs.

Mr. Chairman, members of the CARES Commission, we remain hopeful that the VA will do its utmost to meet its responsibilities to care for those who are disabled from defending our nation. However, VA must remain mindful of its promise of enhanced services to carry out all of its missions. We strongly urge this Commission to build the new hospital in Southern Nevada, add specialty clinics to meet the needs of the growing veteran population, provide enough room for the expansion to handle the growing needs of the veteran population, and provide space for disabled veterans to obtain help in filling out their claims forms.

Mr. Chairman, that concludes my statement. I would like to thank the Commission for allowing me to give this testimony. I would be happy to answer any questions you may have at this time.